



GROUP EVENT VOLUNTEER CONSENT, LIABILITY, RIGHT OF PUBLICITY WAIVER
THE CITY OF SAINT PAUL, DEPARTMENT OF PARKS AND RECREATION

Date: _____ **Time:** _____ **Group/Event:** _____
Location: _____ **Project:** _____

CONSENT: The undersigned understands that my application and/or participation as a volunteer serves as my consent that I have read, understood and agree with the volunteer duties. By my signature I declare my understanding and intent to fulfill all duties as and adhere to the regulations laid out to me. I agree to represent the City of Saint Paul, through its Department of Parks and Recreation, as a volunteer with appropriate accordance to professional conduct, acting with respect and decency at all times and to all citizens.

LIABILITY AND ASSUME RISK: The undersigned agree that the City of Saint Paul, through its Department of Parks and Recreation, shall not be liable for the payment of any wages, salary or other employment benefits to me. I am volunteering my time in exchange for the opportunity to work with the City of Saint Paul Department of Parks and Recreation. I agree to waive and release the City of Saint Paul, through its Department of Parks and Recreation, its employees, officers, directors, and agents from any and all claims, liabilities, losses, damages, costs, and expenses resulting from injury or death to me or damage to my property arising out of my volunteer duties and/or travel to or from my work site. I agree that while donating my time to the City of Saint Paul, I will not be under the influence of alcohol or drugs, unless such drugs are legally prescribed by a medical provider, in accordance with their prescription, nor shall I undertake any activity while I am working as a volunteer which may be deemed to be illegal, immoral, contrary to public policy, or which in any way may harm, defame, or slander the reputation of the City of Saint Paul. The undersigned, understand that we (or I) recognize that the City recommends that we should have our own medical or health insurance and that the City will not and does not provide insurance or coverage for us in the event we are injured. I also recognize that the City does not provide any benefits to me during my volunteer experience

RIGHT OF PUBLICITY: I, the undersigned, hereby give permission to the City of Saint Paul or its authorized employee, agent or contractor, to use my likeness or photograph of my person, for any advertising, publicity or any other purposes in connection with the official City of Saint Paul's web site, City Update, official social media site, or any related purpose thereto, without compensation to or right of prior review or approval by me (except where allowed or prohibited by law).

Electronic Signature: I hereby agree that my electronic typed signature shall be a valid original signature and shall be effective to bind me to this waiver.

	Full name (First, Last)	Signature (Guardian's signature if under 18)	Email (for future volunteer opportunities)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

	Full name (First, Last)	Signature (Guardian's signature if under 18)	Email (for future volunteer opportunities)
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			